MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 / 762 631

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						51							
2		I					52							
3		I					53							
4		I					54							
5							55							
6		I					56							
7	I						57							
8		I					58							
9		I					59							
10		I					60							
11		I					61							
12	I						62							
13							63							
14							64							
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39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	8						TOTAL DEP.							
TOTAL CLAIMS	11						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE
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